**Aviva Child and Young Persons Referral Form**

**Referral Details `````**

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| --- | --- | --- | --- |
| **Date of Referral** |  | **Referral Source** |  |
| **Case Worker** |  |  |  |

Please tick service requested

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Referral to** | Individual 🞏 |  | Group 🞏 |  | MOJ Funded 🞏 |  |

**Client Detailsferral Details `````**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** |  | **Gender** |  |
| **Date of Birth** |  | **Age** |  |
| **Address** |  | | |
| **Phone** |  | **Email** |  |
| **Ethnicity (iwi)** |  | **Country of Birth** |  |
| **First Language** |  |  |  |
| **School** |  | **Class** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Named on Protection Order** | **Yes 🞏** |  | **No 🞏** |
| **Named on Parenting Order** | **Yes 🞏** |  | **No 🞏** |

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| --- | --- | --- | --- |
| **Name of Person responsible for the abuse** |  | | |
| **Relationship with Client** |  | **DOB:** |  |
| **Duration of Abuse** |  |  |  |

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| --- |
| Details of Primary Caregiver |

*Please indicate*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Biological Mother 🞏** | **Biological Father** 🞏 |  | **Step Mother 🞏** |  | **Step Father 🞏** |  |
| **Other (please state)** |  | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** |  | **Gender** |  |
| **Date of Birth** |  | **Age** |  |
| **Address if different from above** |  | | |
| **Phone** |  | **Email** |  |
| **Ethnicity (iwi)** |  | **Country of Birth** |  |
| **Income Source** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Relationship Status** |  |  |  |
| **Name of Current Partner** |  | **Date of Birth** |  |
| **Ethnicity & iwi** |  | **Country of Birth** |  |
| **Address** |  | | |
| **Phone** |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Is there contact with other caregiver** | **Father 🞏** | **Mother 🞏** | **Yes 🞏** | **No 🞏** |
| **How often** |  | | | |

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| --- |
| **Details of Significant Other in Young Person’s Life** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** |  | **Gender** |  |
| **Date of Birth** |  | **Age** |  |
| **Address** |  | | |
| **Phone** |  | **Email** |  |
| **Ethnicity (iwi)** |  | **Country of Birth** |  |
| **First Language** |  |  |  |
| **School** |  | **Class** |  |

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| --- |
| **Who does the chil/young person identify as their Family Composition?** |

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| --- | --- | --- |
| **Name** | **Relationship** | **D.O.B:-** |
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| **Support agencies involved with the family?** |

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| --- | --- | --- |
| **Name of Worker** | **Agency** | **Tel. No.** |
|  |  |  |
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| **Health Information?** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Any Special Needs/Medical/Diagnosis/Allergies/Dairy** | **Yes 🞏** |  | **No 🞏** |

**If yes please describe**

|  |
| --- |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Taking any medication** | **Yes 🞏** |  | **No 🞏** |

**If yes please describe**

|  |
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|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Are there any behavioural changes** | **Yes 🞏** |  | **No 🞏** |

**If yes please describe**

|  |
| --- |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Are there any child protection measures** | **Yes 🞏** |  | **No 🞏** |

**If yes please describe**

|  |
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| **Abuse Experienced** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Physical 🞏** | **Emotional 🞏** | **Yes 🞏** |  | **No 🞏** |
| **Named on Parenting Order** |  | **Yes 🞏** |  | **No 🞏** |

Brief overview of the abuse experienced

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| --- |
|  |

**Current Safety**

What are the current Safety Risks for you/ your child/ the young person?

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| --- |
|  |

What Safety Plan is in place to manage those risks for you/ your child/ the young person?

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| --- |
|  |

Who are my Support People I can identify and contact should I need to?

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| --- |
|  |

**PLEASE EMAIL REFERRAL TO** [**referral@avivafamilies.org.nz**](mailto:referral@avivafamilies.org.nz)

**PLEASE NOTE**: Your file is located in a locked filing cabinet. The information is also held on our secure database with only Aviva workers having access to and contributes to the provision of the agency’s statistical information, required by our funders, including government and charitable trusts. **Your name is not attached to any statistical information and cannot in any way identify you by using your date of birth and address details.** You have the right to request to view and/or photocopy your file at any time. To do this, please discuss with your service worker and they will organise a date and time for you to view your file.

The information you provide on this referral form is bound by the Aviva Code of Ethics, Standards of Practice and associated government requirements. Aviva receives money from the Ministry of Social Development and Ministry of Justice to provide domestic violence services. As a result of this, your file may be selected for the purpose of an audit from our funders. Your file may be read confidentially by an employee of one or more of these departments during any evaluation process. Aviva also participates in research that aims to improve our services and understand the needs of our clients better. In order to do this we provide information with researchers whilst keeping the identities of our clients anonymous. This may involve providing feedback on trends, narratives and statistics. The information provided is fully anonymised. Aviva values people’s safety and in order to maintain a person’s safety, a worker may deem it necessary to speak with Police, Child Youth and Family, a mental health worker or other social service provider to ensure the safety of an individual. If this is the case and it affects you, we will endeavour to discuss this with you in advance of speaking with the relevant agency. However, where it is considered not in your interests to discuss this because of your own safety or someone else’s safety, we will make appropriate referral without your knowledge.

**Section 6 of the Children Young Person’s and their Families Act 1989 states that “the welfare and interests of the child and young person shall be the first and paramount consideration. Aviva believes that effective service delivery to children is only achieved by an effective service for the whole family.**

**COMPLAINTS PROCEDURE:**

I have received a written copy of the complaints procedure and it has been verbally explained to me by a worker and I understand it. **Yes / No**

**CONFIDENTIALITY:**

\* I have received a copy of the confidentiality agreement and it has been verbally explained to me by the worker and I understand it**. Yes / No**

I can confirm I have read and understood the paragraph above and I have received a copy of the Aviva complaints procedure and that the Child Protection Policy has been explained to me. **Yes / No**

**Please put details below:**

Parent/Carer………………………………………………………..

Date:…………………………....................................................

Child/Young Person: ………………………………………………

Date………………………………………………………………….

Aviva Worker: ………………………………………………………

Date: …………………………………………………………………